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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Jose Maria ISENTER FARRE
Title	DEVICE WHICH IS USED TO INSURE DATA FLows FROM VARIOUS DEVICES (MOTION PICTURE EXPORT GROUP) TRANSFER DEVICES TOWARDS ONE OR MORE ASSOCIATED DEVICES
Art Unit	
Examiner Name	
Atty. Docket Number	55702 00014

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number

OR

The address associated with Customer Number:

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Firm or Individual Name

Address

City

State

ZIP

Country

Telephone

Email

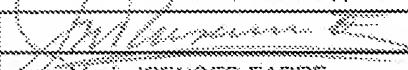
I am the:

Applicant/Inventor

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.72(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	
Name	Jose Maria ISENTER FARRE	Telephone	

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of four (4) forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.38. The information is required to obtain or make a benefit by the public, which is to be paid by the USPTO to process an application. Consideration is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. This will vary depending upon the individual case. Any comments on the amount of time you require to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DOL/USPTO SHOULD NOT PAY FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-8129 and select option 2.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	
	First Named Inventor	Jose Maria ISENTER FARRE
	Title	DEVICE WHICH IS USED TO RECEIVE DATA FLUXES FROM VARIOUS MPEG (MOTION PICTURE EXPERT GROUP) TRANSFER DEVICE'S TOWARDS ONE OR MORE ASSOCIATED DEVICES
	Art Unit	
	Examiner Name	
Atty. Docket Number	88702.00014	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number: 30299

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademarks Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number

OR

The address associated with Customer Number:

OR

Firm or Individual Name:

Address:

City: State: ZIP:

Country:

Telephone: Email:

I am the:

Applicant/Inventor

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		
Name	Carlos SANTOS-PEREZ	Telephone: 16-4-2006
Title and Company		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of four (4) forms are submitted.

This notation of information is required by 37 CFR 1.33 and 1.38. The information is required to obtain or retain a benefit by law (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. This will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY
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CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Jose Maria ISENTER FARRE
Title	SYSTEM WHICH INSTRUCTS ROUTE DATA FLows FROM VARIOUS SPOTS (MOTION PICTURE, SPORTS GROUP) TRANSFER DEVICE'S TOWARDS ONE OR MORE ASSOCIATED DEVICE'S
Art Unit	
Examiner Name	
Atty. Docket Number	65702 00014

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

30256

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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The address associated with the above-mentioned Customer Number

OR

The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name

Address

City

State

ZIP

Country

Telephone

Email

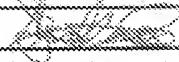
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(d) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	JUNE 19th, 2006
Name	Jose Luis AVELLANO PERNÁNDEZ		
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of four (4) forms are submitted.

The collection of information is required by 37 CFR 1.31 and 1.32. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. This will vary depending upon the individual case. Any comments on the amount of time you require to complete this form, and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1458, Alexandria, VA 22313-1458.

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POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	José María ISENTER FARRE
Title	DEVICE WHICH IS USED TO RECEIVE DATA/LOGON FROM VARIOUS INPUTS (MOTION, PICTURE, EXPIRY, GROUP) TRANSFER DEVICES TOWARDS ONE OR MORE ASSOCIATED DEVICES
Art Unit	
Examiner Name	
Atty. Docket Number	56702.00014

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number:

30286

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

 The address associated with Customer Number:

OR

 Firm or Individual Name

Address

City

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ZIP

Country

Telephone

Email

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB-16)

SIGNATURE of Applicant or Assignee of Record

Signature



Date 11/16/2006

Name

Javier MORAN CARRERA

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of four (4) forms are submitted.

The collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to be lent by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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